

Registration District No. **FILED OCT 1 1948**Primary Registration District No. **1003**Registrar's No. **8079**

## 1. PLACE OF DEATH:

- (a) County.....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Mo. Pacific Yards, Lesperance Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Ed. McCormick3. (b) If veteran, name war World #2

3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, divorced Married  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased March 15, 1910  
(Month) (Day) (Year)

8. AGE: Years 38 Months 5 Days 29 If less than one day  
hr. min.9. Birthplace Energy Ill  
(City, town, or county) (State or foreign country)10. Usual occupation Railroad switchman

## 11. Industry or business

12. Name William McCormick  
13. Birthplace not known  
(City, town, or county) (State or foreign country)14. Maiden name not known15. Birthplace not known  
(City, town, or county) (State or foreign country)16. (a) Informant Chas Burke  
(b) Address East St. Louis, Ill17. (a) removal (b) Date thereof Sept. 15, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation East St. Louis, Ill18. (a) Signature of funeral director Chas M. Burke(b) Address East St. Louis, Ill19. (a) SEP 15 1948 (b) J. F. Bradeck  
(Date received local transfer) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Illinois (b) County St. Clair  
(c) City or town East St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5911 State St.  
(If rural, give location)  
N. R.  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15th  
year 1948 hour 12:30 minute A. M.21. I hereby certify that I attended the deceased from.....  
....., 19....., to....., 19.....;that I last saw him alive on....., 19.....;  
and that death occurred on the date and hour stated above.Immediate cause of death 1. Fracture 4th, 5th, 6th Cervicle; 2. Severance of SpinalCord; when he was struck by EngineDue to #1457 manned by James D. Smith

and Jesse Speck and knocked in the

Due to path of Engine #9116 manned byElvis Perry and Clarence Nickman, onthe Missouri Pacific TracksOther conditions #1, 173 feet south of Barton Ave  
(Include pregnancy within 3 months of death)Major findings: around 12:30 A.M. Sept. 15th, 1948.

Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident(b) Date of occurrence Sept. 15th, 1948Where did injury occur? St. Louis, Mo.  
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public  
place? In Industrial PlaceWhile at work yes (Specify type of place) see above  
(e) Means of injury.....23. Signature Fred Messy (M. D. or other)  
Date signed 9/15/48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Chas Burke*

Licensed Embalmer No. 2421

P. O. Address East St Louis 26

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.